



GS GROUP LLC
Green S.P.A.C.E.S Protect Our Earth

Emmanuel Child Care Water Sampling Lead Analysis Report

1. INTRODUCTION

1.1. GENERAL

This report presents the results of our water sampling performed at the site of Emmanuel Child Care, 18440 John R., Detroit, MI., on May 6th, 2016. The sample results taken in conjunction with this investigation are also presented on Appendix 1.

1.2. OBJECTIVES AND SCOPE

In general, the objectives of this investigation were to:

Accurately evaluate water outlets for lead above the EPA Maximum Contaminate Level (MCL).

1.3. AUTHORIZATION

Authorization was provided by phone for our Professional Services by Donald Carpenter on May 2nd, 2016.

2. SITE INVESTIGATIONS

2.1. FIELD PROGRAM

In order to sample and evaluate water, GSES took six samples, a First Draw sample and a Flush sample, from three different locations on the site.

The field portion of our investigation was under control and continual supervision of an experienced member of our field scientist staff.

2.2 LABORATORY TESTING

2.2.1. General

In accordance with ASTM D3559 and the U.S. Environmental Protection Agency guidelines for lead in drinking water at schools and child care facilities, we took two samples: first draw and flush, which is the required testing standard for drinking water lead contamination.



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Results of the tests indicate that the water is below the threshold for lead contamination. A copy of the lab report and Chain of Custody is attached (Appendix 1).

3. DISCUSSIONS AND RECOMMENDATIONS

3.1. DISCUSSIONS OF FINDINGS

The water results are below the threshold for lead contamination.

We appreciate the opportunity of providing this service for you. If you have any questions concerning this report or require additional information, please do not hesitate to contact the undersigned.

Respectfully submitted,

Michael Etters
Field Scientist

Monica Starks, CIEC
Principal

Council-certified Indoor Environmental
Consultant Board-awarded by the
American Council for Accredited
Certification



Appendix 1, Lab Results, Chain of Custody

17800 Woodward Ave Suite 200
Detroit, MI 48203



GS GROUP LLC

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APPENDIX 1
Laboratory Results and Chain of Custody

17800 Woodward Ave Suite 200
Detroit, MI 48203

Laboratory ID: 0055

National Testing Laboratories, Ltd
556 South Mansfield, Ypsilanti, MI, 48197-5166
(440) 449-2525, Fax: (440) 449-8585

ANALYTICAL REPORTS

SAMPLE CODE: 354783

5/20/2016

18440 John R. 48203

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Emmanuel Child Care, DC-01-KC-01-P
Source City: Detroit
Source State: MI

Date/Time Received: 5/10/2016 13:30

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

Legend:

Any 'Level Detected' marked with an asterisk (*) indicates that the value has exceeded the EPA Maximum Contaminant Level (MCL) or one of the Standards of Quality.

"ND" This contaminant was not detected at or above our lower reporting limit (LRL)

"NA" Not Analyzed

"Standard" This column indicates either the Maximum Contaminant Level (MCL) for EPA Primary Standards or the guideline values for EPA Secondary Standards.

"LRL" This column indicates the Lower Reporting Limit, which is the lowest level that the laboratory can detect a contaminant.

"DF" This column indicates the contaminant dilution factor.

Report Notes:

Fed Id #	Contaminant	Method	Standard	Units	LRL	Level Detected	DF	Date/Time Sampled	Date Prepped	Date/Time Analyzed
Inorganic Analytes - Metals										
1030	Lead	200.8	0.015	mg/L	0.001	ND	1	5/6/2016 07:40		5/18/2016

These test results may be used for compliance purpose as required.

Analyst	Tests
EC	200.8

James Abston

James Abston, Operations Manager

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Page 1 of 1 354783 Lead Only

Date Printed: 5/20/2016 10:36:29 AM

Laboratory ID: 0055

National Testing Laboratories, Ltd
556 South Mansfield, Ypsilanti, MI, 48197-5166
(440) 449-2525, Fax: (440) 449-8585

ANALYTICAL REPORTS

SAMPLE CODE: 354784

5/20/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Emmanuel Child Care, DC-01-KC-01-F
Source City: Detroit
Source State: MI

Date/Time Received: 5/10/2016 13:30

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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ANALYTICAL REPORTS

SAMPLE CODE: 354785

5/20/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Emmanuel Child Care, DC-01-WC-02-P
Source City: Detroit
Source State: MI

Date/Time Received: 5/10/2016 13:30

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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ANALYTICAL REPORTS

SAMPLE CODE: 354786

5/20/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Emmanuel Child Care, DC-01-WC-02-F
Source City: Detroit
Source State: MI

Date/Time Received: 5/10/2016 13:30

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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ANALYTICAL REPORTS

SAMPLE CODE: 354787

5/20/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Emmanuel Child Care, DC-01-BBF-03-P
Source City: Detroit
Source State: MI

Date/Time Received: 5/10/2016 13:30

Collected by: M. Etters

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ANALYTICAL REPORTS

SAMPLE CODE: 354788

5/20/2016

Customer: G. S. Group
Monica Starks
17800 Woodward Ave
#200
Detroit, MI 48203

Source: Emmanuel Child Care, DC-01-BBF-03-F
Source City: Detroit
Source State: MI

Date/Time Received: 5/10/2016 13:30

Collected by: M. Etters

The results herein conform to TNI and ISO/IEC 17025:2005 standards, where applicable, unless otherwise narrated in the body of the report. The uncertainty of the test results are available upon request. All Dates and Times are reported as U.S. Eastern Time.

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EC	200.8



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Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2076912

Order Date: 04/19/2016

Sample Number:

354784

Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

Sold To:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

Date Sampled: 5/6/16

Time Sampled: 7:46 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: ☒ EST ☐ CST ☐ MST ☐ PST

Client Name: Emmanuel Child Care

Phone Number: 313-844-4505

Fax Number:

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-KC-01-F

Source Type: ☐ Spring ☐ Well ☒ Municipal ☐ Surface
☐ Other:

City & State: Detroit MI
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michl Effels
(Please Print)

Form Completed By: Michl Effels

Additional Comments:

3 locations sampled at this daycare, this is location #1
Flush Sample

For Laboratory Use ONLY

Lab Accounting Information:

Payment \$:

Check #:

Lab Comments/Special Instructions:

State Forms:

Lab Sample Information:

Date Received: MAY 10 2016

Time Received: 12:30

Received By: [Signature]

☐ Sample receipt criteria checked & acceptable.

☐ Deviations from acceptable sample receipt criteria noted on PSA form.

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS



Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2076912

354785

Order Date: 04/19/2016

Sample Number:



Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

Sold To:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

Date Sampled: 5/6/16

Time Sampled: 7:40 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: ☒ EST ☐ CST ☐ MST ☐ PST

Client Name: Emmanuel Child Care

Phone Number: 313-844-4505

Fax Number:

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-WC-02-P

Source Type: ☐ Spring ☐ Well ☒ Municipal ☐ Surface
☐ Other:

City & State: Detroit MI
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michl Effels
(Please Print)

Form Completed By: Michl Effels

For Laboratory Use ONLY

Lab Accounting Information:

Payment \$:

Check #:

Lab Comments/Special Instructions:

State Forms:

Lab Sample Information:

Date Received: MAY 10 2016

Time Received: 15:30

Received By: [Signature]

☒ Sample receipt criteria checked & acceptable.

☐ Deviations from acceptable sample receipt criteria noted on PSA form.

Additional Comments:

3 locations sampled at his daycare, this is location #2
First draw

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS

**National Testing
Laboratories, Ltd.**

Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2076912

Order Date: 04/19/2016

Sample Number:

Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

354736



Sold To:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

Date Sampled: 5/6/16

Time Sampled: 7:40 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: ☒ EST ☐ CST ☐ MST ☐ PST

Client Name: Emmanuel Child Care

Phone Number: 313-844-4505

Fax Number:

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-WC-02-F

Source Type: ☐ Spring ☐ Well ☒ Municipal ☐ Surface
☐ Other:

City & State: Detroit MI
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michl Effels
(Please Print)

Form Completed By: Michl Effels

Additional Comments:

3 locations sampled at this daycare, this is location #2
Flush Sample.

For Laboratory Use ONLY

Lab Accounting Information:

Payment \$: _____

Check #: _____

Lab Comments/Special Instructions:

State Forms:

Lab Sample Information:

Date Received: MAY 10, 2016

Time Received: 13:30

Received By: [Signature]

☒ Sample receipt criteria checked & acceptable.

☐ Deviations from acceptable sample receipt criteria noted on PSA form.

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS



Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2076912

354787

Order Date: 04/19/2016

Sample Number:



Product: Lead Only

Sample Paid: No

Payment Method:

TSR: EF

Sold To:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

Date Sampled: 5/6/16

Time Sampled: 7:40 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: ☒ EST ☐ CST ☐ MST ☐ PST

Client Name: Emmanuel Child Care

Phone Number: 313-844-4505

Fax Number:

PWS ID# (if applicable):

N/A

Sample ID or Source: DC-01-BBF-03-P

Source Type: ☐ Spring ☐ Well ☒ Municipal ☐ Surface
☐ Other:

City & State: Detroit, MI
(If Different than Above)

Sample Collected By:

Michael Peters
(Signature)

Sample Collected By:

Michael Peters
(Please Print)

Form Completed By:

Michael Peters

Additional Comments:

3 locations sampled at this daycare, this is location #3
First draw.

For Laboratory Use ONLY

Lab Accounting Information:

Payment \$:

Check #:

Lab Comments/Special Instructions:

State Forms:

Lab Sample Information:

Date Received: MAY 10 2016

Time Received: 13:30

Received By: [Signature]

☒ Sample receipt criteria checked & acceptable.

☐ Deviations from acceptable sample receipt criteria noted on PSA form.

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS



Quality Water Analysis

1-800-458-3330

General Compliance

Order Number: 2076912

Order Date: 04/19/2016

Sample Number:

354788

Product: Lead Only

Sample Paid: No Payment Method:

TSR: EF

Sold To:

G. S. Group

Monica Starks

17800 Woodward Ave

Detroit

MI 48203

Date Sampled: 5/6/16

Time Sampled: 7:46 Please Use Military Time, e.g. 3:00pm = 15:00

Check Time Zone: ☒ EST ☐ CST ☐ MST ☐ PST

Client Name: Emmanuel Child Care

Phone Number: 313-844-4505

Fax Number:

PWS ID# (if applicable): N/A

Sample ID or Source: DC-01-BBF-03-F

Source Type: ☐ Spring ☐ Well ☒ Municipal ☐ Surface
☐ Other:

City & State: Detroit MI
(If Different than Above)

Sample Collected By: [Signature]
(Signature)

Sample Collected By: Michal Effels
(Please Print)

Form Completed By: Michal Effels

Additional Comments:

3 locations sampled at his daycare, this is location #3
Flush Sample

For Laboratory Use ONLY

Lab Accounting Information:

Payment \$:

Check #:

Lab Comments/Special Instructions:

State Forms:

Lab Sample Information:

Date Received: MAY 10, 2016

Time Received: 13:30

Received By: [Signature]

☒ Sample receipt criteria checked & acceptable.

☐ Deviations from acceptable sample receipt criteria noted on PSA form.

INCOMPLETE INFORMATION MAY DELAY ANALYSIS AND/OR INVALIDATE RESULTS